

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/831631

FILING DATE

APPLICANT(S)

5-88-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4		2		2		
5		(1)		(1)		
6		(1)				
7				1		
8			1			
9		(1)		2		
10						
11		(1)				
12						
13		1				
14		(1)				
15		(1)				
16		(1)		(1)		
17		2				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25		(1)				
26		(1)				
27		(1)				
28		(1)				
29		(1)				
30				(1)		
31						
32				(1)		
33						
34				(1)		
35			1			
36			1			
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47						
48						
49						
50						
TOTAL IND.	2		5			
TOTAL DEP.		27		17		
TOTAL CLAIMS	31		16			

	IND.	DEP.	IND.	DEP.	INC.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						